



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Nov 26, 2013 Ending Date: Dec 31, 2013

## Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☒ dissolution

Candidate Full Name (if applicable)
Office Sought and District
Residential Address
Telephone Number (optional):

No Eastie Casino: Opposing a Casino at Suffolk Downs
Committee Name
Bryan Schnittjer
Name of Committee Treasurer
742 Saratoga St., Boston, MA
Committee Mailing Address
Telephone Number (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	686.74
Line 2: Total receipts this period (page 3, line 11)	46.44
Line 3: Subtotal (line 1 plus line 2)	733.18
Line 4: Total expenditures this period (page 5, line 14)	733.18
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	East Boston Savings Bank

## Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Bryan Schnittjer (Treasurer's signature)

Date: Jan 11, 2014

## FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

### Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

### Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature)

Date: \_\_\_\_\_

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		46.44	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		46.44	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		46.44	
Line 11: TOTAL RECEIPTS IN THE PERIOD		46.44	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/2/2013	IRS	10th St and Pennsylvania ave, NW Washington, DC 20004	Taxes	311.24
12/2/2013	Massachusetts Department of Revenue	PO Box 7010, Boston, MA 02204	Taxes	147.9
11/29/2013	Massachusetts Department of Revenue	PO Box 7010, Boston, MA 02204	Taxes	104.04
			Line 12: Total Expenditures over \$50 (or listed above)	563.18
			Line 13: Total Expenditures \$50 and under* (not listed above)	170
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	733.18

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

**Line 12: Expenditures over \$50 (or listed above)**

563.18

**Line 13: Expenditures \$50 and under\* (not listed above)**

170

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

733.18

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0



Commonwealth  
of Massachusetts

**Form CPF R 1 : Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

RECEIVED  
CLERK'S OFFICE  
2013 DEC 31 A 11:20  
BOSTON, MA

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

Theresa Malonek

Committee Name:

No Eastie Casino

CPF ID #:

Amount of Reimbursement:

See Below

Date of Reimbursement:

See Below

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			15	49
<b>TOTAL AMOUNT REIMBURSED</b>			<b>15</b>	<b>49</b>

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth  
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**Form CPF R 1 : Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02103  
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Steve Holt

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/19/13	314 Washington St. MassWebPrinting, Auburn MA	Printing	1395	00
10/26/13	2 Center Plaza FedEx Office, Boston MA	Printing	1375	24
11/3/13	385 Broadway EastieTimes, Revere MA	Advertisement	1031	80
11/7/13	151 VFW Parkway Staples, Revere MA	Office Supplies	78	61
11/25/13	385 Broadway EastieTimes, Revere MA	Advertisement	600	00
Expenditures in excess of \$50 (listed above)			4480	65
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>			<b>4480</b>	<b>65</b>

Signed under the penalties of perjury:

Bryan Schwartz  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth  
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**Form CPF R 1 : Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8332

Please print or type all information, except signatures.

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Name of Individual Being Reimbursed: Rita La Serra  
Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_  
Amount of Reimbursement: See Below  
Date of Reimbursement: See Below

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/10/13	Spinelli, 282 Bennington St. Boston MA	Food	103	58
Expenditures in excess of \$50 (listed above)			103	58
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>			<b>103</b>	<b>58</b>

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Form CPF R 1 : Itemization of Reimbursements  
Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

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Name of Individual Being Reimbursed: Pedro Morales  
Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_  
Amount of Reimbursement: See Below  
Date of Reimbursement: See Below

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/26/13	262 Meridian St. Cigolo Graphics, Boston MA	Sign Printing	500	00
10/26/13	262 Meridian St. Cigolo Graphics, Boston MA	Sign Printing	300	00
11/25/13	60 Temple Place WUNR Radio, Boston MA	Radio ad	330	00
Expenditures in excess of \$50 (listed above)			1130	00
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			1130	00

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth  
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# Form CPF R 1 : Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

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Name of Individual Being Reimbursed: Nicole Micheroni

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/19/13	8-C Allstate Rd. Office Max, Dorchester MA	Office Supplies	234	07
11/2/13	24 Blue Hills Ave Be Our Guest, Boston MA	Chair rentals	276	25
11/2/13	8-C Allstate Rd Office Max, Dorchester MA	Office Supplies	232	66
Expenditures in excess of \$50 (listed above)			742	98
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			742	98

Signed under the penalties of perjury:

Bryan Schmitzer  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



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# Form CPF R 1 : Itemization of Reimbursements

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Name of Individual Being Reimbursed:

Maureen White

Committee Name:

No Eastie Casino

CPF ID #:

Amount of Reimbursement:

See Below

Date of Reimbursement:

See Below

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/3/13	4165 Washington St. Staples, Roslindale MA	Printing	580	04
Expenditures in excess of \$50 (listed above)			580	04
Expenditures \$50 and under (not listed above)			28	89
TOTAL AMOUNT REIMBURSED			608	93

Signed under the penalties of perjury:

Bryan Schnittger  
Signature of Candidate/Treasurer

12/23/13  
Date

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Name of Individual Being Reimbursed:

Jessica Curtis

Committee Name:

No Eastie Casino

CPF ID #: \_\_\_\_\_

Amount of Reimbursement:

See Below

Date of Reimbursement:

See Below

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/22/13	176 McKellan Hwy Star Services, Boston MA	Printing signs	500	00
11/25/13	USPS, 50 Meridian St Boston MA	Postage	3496	00
11/25/13	151 VFW Pkwy Staples, Revere MA	Printing	3145	00
11/25/13	42A Pleasant St. Expertees, Stoneham, MA	T-shirt printing	550	00
11/25/13	282 Meridian St Cigato Graphics, Boston MA	Printing	1080	00
Expenditures in excess of \$50 (listed above)			8771	00
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>			<b>8771</b>	<b>00</b>

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Form CPF R 1 : Itemization of Reimbursements  
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Commonwealth  
of Massachusetts

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Boston, MA 02108  
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Name of Individual Being Reimbursed:

Jesse Purvis

Committee Name:

No Eastie Casino

CPF ID #:

Amount of Reimbursement:

See Below

Date of Reimbursement:

See Below

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/20/13	Staples, 25 Court St. Boston MA	Office & Mailing Supplies	74	72
Expenditures in excess of \$50 (listed above)			74	72
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			74	72

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth  
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# Form CPF R 1 : Itemization of Reimbursements

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Name of Individual Being Reimbursed: Jason Burrell

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/6/13	305 Freeport St. Colony Hardware, Boston MA	Sign Supplies	531	25
11/6/13	1100 Revere Beach pkwy Home Depot, Chelsea MA	Sign Supplies	77	39
11/6/13	1100 Revere Beach pkwy Home Depot, Chelsea MA	Sign Supplies	218	59
11/6/13	1100 Revere Beach pkwy Home Depot, Chelsea MA	Sign Supplies	73	21
Expenditures in excess of \$50 (listed above)			900	44
Expenditures \$50 and under (not listed above)			87	97
<b>TOTAL AMOUNT REIMBURSED</b>			<b>988</b>	<b>41</b>

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Form CPF R 1 : Itemization of Reimbursements  
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Name of Individual Being Reimbursed: Bryan Schnittger  
Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_  
Amount of Reimbursement: See Below  
Date of Reimbursement: See Below

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/25/13	USPS, 50 Meridian St. Boston MA	Postage	1320	00
11/25/13	USPS, 50 Meridian St. Boston MA	Postage	771	04
11/25/13	USPS, 50 Meridian St. Boston MA	Postage	772	16
11/25/13	Northrup Printing, 919 Winthrop Ave, Revere MA	Printing	265	63
11/25/13	Staples, 151 VFW Pkwy Revere MA	Office Supplies	115	79
Expenditures in excess of \$50 (listed above)			3244	62
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			3244	62

Signed under the penalties of perjury:

Bryan Schnittger  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



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# Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

RECEIVED

CLERK'S OFFICE

2013 DEC 31 A 11:20

BOSTON, MA

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Steve Holt

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

## ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/14/13	FedEx Office, 2 Center Plaza Boston MA	Printing	337	00
9/21/13	Cigoto Graphics, 262 Meridian St. Boston MA	Printing	530	00
9/21/13	Home Depot, 1100 Revere Beach Pkwy Chelsea MA	Sign Supplies	50	99
10/14/13	Cigoto Graphics, 262 Meridian St. Boston MA	Printing	500	00
10/14/13	Cigoto Graphics, 262 Meridian St. Boston MA	Printing	750	00
Expenditures in excess of \$50 (listed above)			2167	99
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>			<b>2167</b>	<b>99</b>

Signed under the penalties of perjury:

Bryan Schmitt 12/23/13  
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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## Form CPF R 1 : Itemization of Reimbursements

### Office of Campaign and Political Finance

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Name of Individual Being Reimbursed: Pedro Morales

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
5/30/13	318 Broadway St. Chelsea Collaborative, Chelsea MA	Event fee	100	00
5/30/13	262 Meridian St. Cigoto Graphics, Boston MA	Printing	500	00
Expenditures in excess of \$50 (listed above)			600	00
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			600	00

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth  
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## Form CPF R 1 : Itemization of Reimbursements

### Office of Campaign and Political Finance

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One Ashburton Place  
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Name of Individual Being Reimbursed: Nicole Micheroni

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: See Below

Date of Reimbursement: See Below

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			49	98
TOTAL AMOUNT REIMBURSED			49	98

Signed under the penalties of perjury:

Bryan Schmitz 12/23/13  
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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## Form CPF R 1 : Itemization of Reimbursements

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Maurcen White

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: see below

Date of Reimbursement: see below

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			81	09
TOTAL AMOUNT REIMBURSED			81	09

Signed under the penalties of perjury:

Bryan Schmitt  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.



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Name of Individual Being Reimbursed: Jessica Curtis

Committee Name: No Eastie Casino CPF ID #: \_\_\_\_\_

Amount of Reimbursement: see below

Date of Reimbursement: see below

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/17/13	Staples, 151 WFW Pkwy, Revere, MA	Office Supplies	325	52
9/17/13	Target, 36 Furlong Dr, Revere, MA	Office Supplies	70	62
Expenditures in excess of \$50 (listed above)			396	14
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			396	14

Signed under the penalties of perjury:

Bryan Schwartz  
Signature of Candidate/Treasurer

12/23/13  
Date

Please use a separate sheet for each reimbursement check issued.